

## In this issue:

- Patient education
- Radiology open house
- Doubled blood donations



## Special delivery

The Clinical Center welcomed its third cyclotron earlier this fall through a hatch in the CC's north side. It's a slimmer, trimmer model than its 15-year-old siblings. Cyclotrons produce radionuclides—radioactive atoms—that are used in positron emission tomography (PET). PET is a method of imaging the body's physiologic functions, such as blood flow and metabolism, by giving the patient a short-lived radiopharmaceutical that can be traced through the body by the PET scanner. Fewer than 100 research hospitals nationwide have their own cyclotrons, according to Dr. Bill Eckelman, chief of the PET Department. The new unit will be up and running in a few months, once all the utilities are connected and testing is complete. The delivery hatch will be covered over permanently by the new hospital.

# Clinical Center News

## CC prepares for Millennium Eve

The Clinical Center will be Command Central for the NIH Y2K response team during the weekend of Dec. 31—when the notorious “millennium bug” may bite the computer systems of the world.

While most CC'ers and patients will be somewhere else to welcome the new millennium, a dedicated cadre of CC and NIH staff will be at the hospital throughout the holiday weekend to ensure that all systems continue to operate as they should and that patient care is not jeopardized in any way.

Clinical Center management staff will assemble in the CC Office of the Director suite, on the 2nd floor. The adjacent Medical Board Room is where NIH OD staff will coordinate.

A portion of the South Lobby will be designated for members of the media who may be interested in reporting what—if anything—happens and how we handle it.

“We've been doing extensive testing for months, and have no reason to believe we'll have any problems with our systems,” said Bridget Moore, senior administrative officer

and the CC's Y2K coordinator. “The utility companies have assured us that electric, water, and telephone service will not be interrupted.”

But just in case, the CC has emergency generators to provide electricity, and truckloads of fuel and water will be on hand as well.

In the next few weeks, CC departments will be providing baseline reports on the condition of facilities and utilities, patient and animal care, biomedical equipment, computer systems, and network security. The purpose of these reports is to identify any problems that exist before the clock rolls over so that they are not incorrectly labeled as Y2K-related.

As an additional precaution, several major hospital computer systems will be turned off before midnight, and restarted soon after.

A representative from each patient care department will be required to call in to the CC Command Center in the early hours of Jan. 1 to report on the post-rollover status of their operations.

See **millennium**, page four

## appointments

### Acting radiology chief

Dr. Edward V. Staab has been appointed the CC's acting associate director for Radiologic and Imaging Sciences and acting chief of the Diagnostic Radiology Department. Dr. R. Nick Bryan will leave the position at the end of this month to become chair of radiology at the University of Pennsylvania.

Dr. Staab also currently serves as the acting chief of NCI's Diagnostic Imaging Branch. He will divide his time between the two positions until a permanent candidate is appointed.

Before joining NIH in 1998, Dr. Staab chaired the Department of Radiology at the University of Florida School of Medicine. His research there focused on Picture Archiving and Communication Systems (PACS) for radiology images.

### Farrar elected

Dr. Adrienne Farrar, chief of the CC's Social Work Department, was recently elected as a board member at large of the Society for Social Work Leadership in Health Care. She was elected from a national membership of 1700 social work leaders, and was chosen in recognition of her professionalism, leadership qualities, and commitment to health care and the profession of social work. During her yearlong term, Dr. Farrar will represent the Society's southeast region at national meetings.

### New HFCD deputy

Osmond Adams was recently hired as deputy chief of the CC's Housekeeping and Fabric Care Department. Adams is a certified health care environmental manager. Before joining the staff of the Clinical Center, he was director of environmental services at George Washington University Hospital, and before that Children's National Medical Center. He also worked in several hospitals in New York and New Jersey, overseeing their housekeeping operations.

### Acting nursing chief

Dr. Jacques Bolle was appointed acting associate director for nursing after Dr. Kathryn Montgomery retired in October.

Dr. Bolle has been with NIH since 1986, when he joined NCI as a clinical specialist and psychiatric liaison. In 1993, he was appointed acting chief of the CC's mental health, alcohol, and aging nursing service, and one year later became chief of that service.

Dr. Bolle holds a bachelor's degree in nursing from the Ecoles Provinciales de Nursing in Belgium, a master's degree in psychiatric mental health nursing from the City University of New York, and a doctorate in nursing science from the Catholic University of America.

### NIH-Duke program applications now available

Applications for the 2000-2001 NIH-Duke Training Program in Clinical Research are now available in the NIH Office of Education, Bldg. 10, Room 1C129.

Designed primarily for clinical fellows and other health professionals who are training for careers in clinical research, the program offers formal courses in research design, statistical analysis, health economics, research ethics, and research management. Courses are offered at the Clinical Center by means of video-conferencing from Duke or on-site by adjunct faculty.

All persons taking courses in the NIH-Duke Training Program in Clinical Research must be nominated by the NIH Admissions Committee and formally admitted by the School of Medicine at Duke University.

For additional information regarding coursework and tuition costs for the 2000-2001 academic year, please visit the program web site at [http://www.cc.nih.gov/ccc/cc\\_duke/info.html](http://www.cc.nih.gov/ccc/cc_duke/info.html)

Enrollment in this program is limited. E-mail queries regarding the program may be addressed to Dr. William E. Wilkinson, program director, at [tpcr@mc.duke.edu](mailto:tpcr@mc.duke.edu).

The deadline for receipt of applications is March 13, 2000. Applicants accepted into the program will be notified by July 1, 2000.



### Prostate lecture

The Cancer Complementary and Alternative Medicine Research Interest Group's next presentation will be on Dec. 2 at 11 a.m. in Lipsett Amphitheater. Sophie Chen, Ph.D., of the Cancer Research Institute, New York Medical College, will present "Botanical Medicines and Prostate Cancer." Dr. Chen recently testified to Congress on her promising prostate cancer research using botanical compounds. The presentation will also be on MBone and at <http://videocast.nih.gov>. For details, call Evelyn Dunkelberger at 5-0027.

### Kitchen renovation

The B1-level cafeteria kitchen was closed late last month for ceiling renovations. It should reopen Jan. 24. The dining area remains open, offering a limited variety of breakfast and lunch items, but no hot-food service. Hot foods may be purchased at the 2nd floor (ACRF) cafeteria. Cafe Verde, located on the first floor above the Visitor Information Center, will also offer freshly made packaged sandwiches and salads. Please note the following temporary changes in hours: ACRF cafeteria, Monday through Friday, 5:30 a.m. to 10 p.m. Saturday, Sunday, and holiday hours will not change. B1-level cafeteria, Monday through Friday, 7 a.m. to 2 p.m. For more information, call Pamela Jenkins at 2-0878.

### Studies open

Call the Patient Recruitment and Public Liaison Office at 1-800-411-1222 for information on any of the following studies:

**Overweight Teens:** Parents, consider enrolling your teen in an NICHD study of a promising weight-loss medication called Orlistat. NIH provides all study tests, medication, and weight-control education at no charge. Overweight teens aged 12-17 who can attend weekly weight-control meetings may be eligible.

**Healthy Women:** Help NICHD learn more about normal reproductive function. If you are healthy, under age 35, and using no birth control pills or hormones, consider taking part. Compensation provided.

**Endometriosis:** NICHD and Georgetown University seek women with endometriosis pain to take part in a new study to test whether surgery followed by a new medical treatment reduces pain for a longer time than surgery alone. The study takes place at the CC. If you have a 3-month history of pelvic pain and take no birth control pills or medications for chronic disease, you may be eligible for this study.

**Asthma Study:** NIAID seeks people aged 12 to 85 who have asthma symptoms at least three times a week (wheezing, coughing, chest tightness, night asthma) for a research study of a new investigational asthma medication. Compensation provided.

### Course offered

The Education and Training Section of OHRM will offer a course on "Differences in the Workplace," Dec. 9, from 9 a.m. to 4 p.m., at 6100 Executive Blvd., Room 3E01. This course is an introduction to the Myers-Briggs Type Indicator, which can help you understand why people react, function, and behave the way they do and how you can work more effectively with others. Call 6-1618 to register.

### Holiday bazaar

Come to the Friends of the Clinical Center's 8th Annual Holiday Bazaar, Dec. 14, from 10 a.m. to 3 p.m., in the Visitor Information Center and first floor, Bldg. 10. Over 40 vendors will have crafts, jewelry, gift items, and more for sale.

### Blood study

Doctors at the CC and NHLBI seek healthy postmenopausal women to take part in a study of normal blood. To be eligible, you must have had no abnormal bleeding or clotting in the past and be willing to stay off any hormone treatment for 9 months. Participants will give a small sample of blood (about 2 tablespoons) in an initial screening. Based on the results of the screening, some women will be asked to give additional small blood samples once a month for 3 months. The study involves no hormones or medications. Participants will be paid \$50 for each blood draw. For details, call 6-5150.

## **...CC plans for the eve of the millennium**

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The CC Command Center will relay those reports to the NIH Command Center at 4 a.m. and 4 p.m. on Saturday, Sunday, and Monday.

Starting about Dec. 20 of each year, patient-care units are normally consolidated because of the lower patient census during the holiday season. This year is no exception. In an emergency, the units would be further consolidated to the 4th floor and below.

On New Year's Eve, the Code Team will be on hand and equipped

with two-way radios, and additional messenger/escort staff will be on "sneaker patrol" to make sure patient-care units have the supplies they need.

Security will be heightened at the CC's front entrance. Remember to wear your NIH ID badge if you must come to campus during that weekend.

During a "Y2K rehearsal" last month, department representatives had a chance to think through their "Day One" plans as they considered several scenarios. Fine-tuning of plans will continue throughout this month. Staff who are required to

work over the holiday weekend will receive a simplified packet of information, clearly outlining reporting procedures.

All this testing and planning along with utility company assurances of uninterrupted services should mean a smooth transition from 1999 to 2000.

*For details on activities, services, and support, and articles on Y2K, consult CIT's web site, <http://y2k.cit.nih.gov>.*

—by Sue Kendall

## **Patient education materials now on web**

If you need Clinical Center information resources for your patients, make this page your bookmark!

**[http://www.cc.nih.gov/ccc/patient\\_education/index.html](http://www.cc.nih.gov/ccc/patient_education/index.html)**

This revamped site houses two essential tools for CC health care staff: the growing library of web-based patient education publications produced by the Clinical Center; and the patient education database, a searchable, annotated list of 3000-plus titles CC staffers use for patient teaching. Ease-of-use and harmony guided the site's design.

### **The "publications" tab**

This tab leads to a collection of over 80 CC-produced publications, some new, some familiar, but all redesigned for visual appeal and readability. The index page bears an inviting graphic above six subject headings. Each heading tops an alphabetized list of pertinent publications. Click on a publication to see a

bold graphic bar, flowing simply from the index page preceding.

From the Nursing Department's "Hello, I'm Your Primary Nurse," to the Social Work Department's "Coping with Chronic Illness," scores of publications can be found, including entries for some rare diseases studied here, such as xeroderma pigmentosum.

Selections in Spanish are available as well, under the heading "Spanish Titles."

For teaching patients who need chemotherapy, scroll to "Drugs," then to "Living with Cancer Chemotherapy." This updated site describes 26 chemotherapy drugs in easy-to-read, bulleted style. A companion site in Spanish can also be selected at this location.

Is your patient scheduled for a PET scan? Scroll down to "Procedures—Diagnostic/Therapeutic." There, you'll find "Procedures/Diagnostic Tests," a list of more than 40 tests and procedures, each described clearly and concisely.

PDF format makes each item especially appealing. When a caregiver prints one out for patients, it looks like a finished document. (The Adobe Acrobat Reader on your desktop automatically translates documents into PDF. If this software is not on your computer, click the Adobe Acrobat Reader icon on the web page for a free download.)

The library continues to expand.

### **The "database" tab**

A product of the Patient Education Task Force, the database is a significant "first" for the CC. A colorful masthead spans the top portion of the screen. Beneath it is an open field in which to enter a keyword or title. Clickable buttons below this field allow the reader to fine-tune the search. Click the "search" button to see a list of items bearing this keyword or title. Next, click on an item to bring up a summary sheet. The reader now sees an outline of useful data such as this

continued on next page

# Radiology holds first annual open house

The Department of Diagnostic Radiology held its first annual open house last month in celebration of National Radiologic Technology Week. Guests enjoyed pastry and coffee while viewing a video presentation on the history of radiology, demonstrations of ultrasound, MRI, and angiography, and displays of numerous posters and abstracts by staff.

Over the past two years, the department has experienced rapid change under the leadership of Dr. R. Nick Bryan, who will be leaving at the end of this month. New staff and new machinery have been added, and the open house was a way to get the word out.

"We are really on the cutting edge now," said Lisa Catron, MRI technologist and a host of the open house. "We have the newest and best equipment in each area—x-ray, CT, ultrasound, MRI, and nuclear medicine."



Dr. Peter Choyke, chief of MRI, discusses MRI scans with visitor Dr. Julianna Crum.

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item's subject, author, and CC location. Work is under way to create hyperlinks with web-based publications for viewing some selections instantly. New resources will be regularly catalogued; existing resources will be regularly reviewed.

Never before has so much patient teaching information been available so easily. Using this site will save resources, space, and time for the CC's busy caregivers. No longer will they search through bulging file drawers for their information—they'll have it in a mouse-click.



Shirley Rollison, CT technologist, prepares to explain a series of CT body scans during the Radiology Department's open house.

One new technology that has staff enthused is the Picture Archiving and Communication System (PACS) and its companion Radiology Information System (RIS). PACS electronically archives the millions of radiologic images produced at the Clinical Center yearly. RIS manages and produces a variety of administrative and technical reports.

Authorized users will be able to pull up images and reports at any number of computer workstations throughout the hospital.

During a demonstration of PACS/RIS, Harvey McDonald, from

the Imaging Sciences Program, said, "After a patient's examination, the image can be sent to a workstation, where radiologists will evaluate and report the findings. Results can be made available as soon as the dictation is complete, and images are instantly available to authorized users."

PACS/RIS can sort images by patient name, hospital number, diagnosis, date, or a variety of other fields, enhance and clarify the images, track statistics, generate cyclical patterns of radiologic services, and virtually eliminate film costs, said McDonald.

Scaled-down viewing stations are available to staff members who don't need the full range of what PACS can do, but who want to look at a variety of imaging examinations.

—by Sue Kendall

To access this web site along the scenic route, go to the Clinical Center home page, click on "About the Clinical Center," scroll to "Patient Education," then select "Information for CC Patients."

—by Wendy L. Schubert, Sc.M.

## Showcase focuses on ergonomics

On Oct. 26, the Clinical Center held a Disability Awareness Showcase focusing on ergonomics in the workplace. Many visitors explored the demonstration workstation to gain an awareness of the possibilities to create healthier and more efficient conditions for themselves. Several booths demonstrated alternative keyboards, voice recognition, and showed visitors how arranging office tools on one's desktop can enhance job performance. Visitors also tried out several different types of task seating chairs, which add unsurpassed arm, shoulder, and lower back support, and are ideal for users with desktop-intensive tasks.

A copy of the "Workplace Ergonomics Workbook," developed by the Computer/Electronic Accommodations Program with the Department of Defense, is available for interested employees and can be picked up in the Clinical Center Equal Employment Opportunity



Tyrone Banks, seated, of NHLBI, learns how to make a computer workstation more comfortable. Steven Chervak, center, an ergonomics specialist with the U.S. Army Center for Health Promotion and Preventive Medicine, explains the setup. Francy Moss, right, of Sign-Language Associates, interpreted during the event.

Office, Bldg. 10, Room 1C292.

Copies of two other brochures, "Arranging Your Workstation to Fit You" and "Exercises at Your Workstation," are also available.

For more information on ergonomics or the Disability

Employment Program (DEP) contact Jerry Garmany, DEP coordinator, at 6-9100 (TTY), through the Maryland Relay Service at 1-800-735-2258, or send a request to [jgarmany@nih.gov](mailto:jgarmany@nih.gov).

—by Jerry Garmany



## Franco's stellar

John Franco, right, chief of the Data Center and Operations Section of the CC's Information Systems Department, recently won a Stellar Award for excellence in outcome achievement from the Medical Information Systems Association. Richard Gordon, left, CC chief information officer, congratulates him. Franco's award was for his creation and maintenance of the HISLIST SERV. A LIST-SERV is an e-mail-based server that allows users to create, manage, and control electronic "mailing lists" on a network. Franco, who has been with the CC since 1982, started the HISLIST SERV in 1994 as a place where Medical Information System (MIS) database managers could problem-solve and share information. Soon after, the list was opened to anyone with a MIS question. The HISLIST SERV now has 485 registered users at about 90 hospitals throughout the United States, United Kingdom, and the Netherlands.

# Apheresis can double blood donation for some

'Tis the season for giving. And what better gift to CC patients than blood?

Thanks to a new apheresis machine housed in the CC's Department of Transfusion Medicine (DTM), blood donors can now donate two units of red blood cells instead of one unit of whole blood. And it takes just a few extra minutes.

Apheresis is a method of separating out needed blood components by centrifugation (spinning) while returning the remainder to the donor. Apheresis is routinely used at the DTM to collect platelets and white blood cells for clinical and research purposes, but its use in the red cell donor area is new.

"This method has many benefits," said Chief of Blood Services Dr. Susan Leitman. "The donor benefits because they don't lose a whole unit of blood, just the packed red cells. The noncellular part of the blood, or plasma, is returned to the donor."

A co-infusion of saline keeps the donor's blood volume constant, which allows removal of twice the standard amount of red cells with no ill effects.

After his double red-cell donation, Larry Johnson, a regular CC blood donor, said, "I feel fine. With this way of donating, you actually get something back—your plasma. You don't get anything back when you donate whole blood." Johnson said he did not even experience the mild tingling around the mouth commonly caused by the blood-thinner, citrate, used during the procedure.

As with anything new, people have concerns. Dr. Leitman said that a common question is, "Can I accidentally get someone else's plasma back instead of my own?"

"We want potential donors to know that their blood never leaves the apheresis machine, which is right



Dr. Charles Bolan relaxes and chats with Xin Fu, R.N., after being the first CC blood donor to donate twice the usual amount of red blood cells by use of a new apheresis machine in the Blood Bank. Dr. Bolan is a fellow with DTM.

next to them. There is absolutely no chance that they will receive anyone's plasma other than their own," said Dr. Leitman.

A new, sterile, unopened, plastic apheresis kit, through which the donor's blood is processed, is used for each procedure, then discarded.

Doubling donating is also more convenient for donors. They can accomplish in one trip what it usually takes them two to do, which means fewer traffic and parking hassles.

"We hope that donors who can only come infrequently will take advantage of this new method," said Dr. Leitman. "They can double their gift with just a few extra minutes of their time."

Maximizing donations from healthy donors also benefits the recipient. According to Dr. Leitman, most patients who need transfusions usually need at least two units of blood. Dual red-cell donations are

transfused together, so the recipient is exposed to cells from just one donor. This reduces the risk of a transfusion reaction.

Recruitment efforts, screening interviews, and testing costs are also cut in half, she said.

After a double red-cell donation, a donor must wait 4 months to donate again. The usual wait after donating one unit of whole blood is 2 months.

There are some physical restrictions on who can dual-donate. Men must weigh at least 130 pounds and be at least 5' 1" tall. Women must weigh at least 150 pounds and be 5' 5" tall. For a conventional donation, a donor must weigh at least 110 pounds, with no height restriction.

If you are interested in having a spin on the new machine—or donating the regular way—call the Blood Bank at 6-1048.

—by Sue Kendall



## Boo!

The Recreation Therapy Section of the Rehabilitation Medicine Department sponsored a Halloween party for pediatric patients and their families and friends. After munching out on pizza and candy, the children went trick-or-treating around the hospital. Partygoers included, from left to right, Kara Whitacre Johnson, Emmanuel Mondiere, Nathan Lattig, and Holly Stichka.

## december

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**Grand Rounds**  
noon - 1 p.m.  
**Lipsett Amphitheater**

*Ethics Grand Rounds:  
Balancing High Risk  
Procedures Against Long Term  
Outcomes in Treating Genetic  
Disorders,* Ezekiel Emanuel,  
M.D., Ph.D., CC, moderator;  
John Lantos, M.D., University  
of Chicago, guest discussant

**Wednesday Afternoon  
Lecture**  
3 p.m.  
**Masur Auditorium**

*The Mechanism and Function  
of Genomic Imprinting in  
Mammals,* Shirley M.  
Tilghman, Ph.D., Princeton  
University

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**Grand Rounds**  
noon - 1 p.m.  
**Lipsett Amphitheater**

*Angiogenesis Inhibitors in  
Prostate Cancer,* William D.  
Figg, Pharm.D., NCI

*Pharmacological Differences  
Between Men and Women,*  
Mary J. Berg, Pharm.D.,  
University of Iowa

**Wednesday Afternoon  
Lecture**  
3 p.m.  
**Masur Auditorium**

*The Living Genome,* Patrick O.  
Brown, M.D., Ph.D., Stanford  
University School of Medicine

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**Grand Rounds**  
noon - 1 p.m.  
**Lipsett Amphitheater**

*Criteria and Recommendations  
for Vitamin C Intake,* Mark  
Levine, M.D., NIDDK

*The Multifaceted Challenges of  
Patients with Proteus  
Syndrome: Formerly Known as  
"Elephant Man Disease,"*  
Leslie G. Biesecker, M.D.,  
NHGRI

**Wednesday Afternoon  
Lecture**  
3 p.m.  
**Masur Auditorium**

*Viruses as Molecular  
Machines,* Stephen C.  
Harrison, Ph.D., Harvard  
Medical School

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**Clinical Center RoundTable**  
noon - 1 p.m.  
**Lipsett Amphitheater**

*Frontiers in Immunization:  
New and Improved Vaccines,*  
Robert Chanock, M.D., NIAID,  
panel leader; Robert Purcell,  
M.D., NIAID, Brian Murphy,  
M.D., NIAID, panelists

*A live broadcast featuring physi-  
cians and scientists from NIH and  
other prestigious institutions dis-  
cussing current research activities  
and issues in depth.*

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**Grand Rounds**  
noon - 1 p.m.  
**Lipsett Amphitheater**

*Bench to Bedside: Farnesyl  
Protein Transferase Inhibitors  
in Cancer Treatment*  
JoAnne Zujewski, M.D., NCI;  
Geoff Clark, Ph.D., NCI

*No Wednesday Afternoon  
Lecture.*

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*No Grand Rounds or  
Wednesday Afternoon Lecture.*